

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
09/762923			
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10	2		1				60					
11		1					61					
12	1						62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18	1		1				68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23	1						73					
24		1					74					
25		1					75					
26		1					76					
27	1		1				77					
28	1		1				78					
29	1						79					
30		1					80					
31	1						81					
32	1						82					
33		1					83					
34			1				84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			5									
TOTAL DEP.			5									
TOTAL CLAIMS			30									